



# City of Rockville

Rockville Swim and Fitness Center  
355 Martins Lane • Rockville MD 20850  
240-314-8750 • [www.rockvillemd.gov/swimcenter](http://www.rockvillemd.gov/swimcenter)



## MEMBERSHIP PASS REGISTRATION INFORMATION

Please fill out the form below and register in-person at the Rockville Swim and Fitness Center. Payment may be made by check (payable to the City of Rockville), cash or credit card (Visa or MasterCard only). For Membership Pass Renewals only, forms may also be submitted via mail (355 Martins Lane, Rockville MD 20850) with check or credit card payment or via fax (240-314-8759) with credit card payment.

### ACCOUNT INFORMATION:

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

On the chart below, print the name of each person who is to receive a pass. All adult members must verify their address (with state issued ID) prior to receiving their membership card.

Last Name	First Name	MI	DOB	Age	Sex	Relationship
1.						
2.						
3.						
4.						
5.						
6.						

PASS TYPE: \_\_\_\_\_ PASS TERM: \_\_\_\_\_

PAYMENT INFORMATION: Amt Paid: \$ \_\_\_\_\_

PAYMENT TYPE: ☐ Cash ☐ Check ☐ Visa ☐ Master Card

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(As it appears on credit card)

### OFFICE USE ONLY:

Received: \_\_\_\_\_ Initials: \_\_\_\_\_

W M F Resident? Y N

Processed: \_\_\_\_\_ Date: \_\_\_\_\_

**REFUND POLICY:** Memberships are non-refundable and non-transferable except in cases of medical conditions or any other circumstances preventing the use of the facility. Requests for a refund / credit must be submitted in writing to the Swim and Fitness Center Superintendent, and be accompanied by proper medical or other requested documentation. Refunds / Credits are subject to proration (based on date written request is received) and refunds are subject to a \$10 administrative fee. Requests for a refund or credit will not be considered after the membership is expired.

### **RELEASE, WAIVER, ASSUMPTION OF RISK AND CONSENT**

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

Signature of Participant

Date

Signature of Parent or Legal Guardian

Date

(If applicant is under 18 years of age)